PTO/SB/22 (07-09)
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PETITION FOR EXT	Docket Number (Optional)				
(Fees pursuant to the		30162/41537			
Application Number 10/551,017-Conf. #4672			Filed (I.A.)	March 31, 2003	
For Plasma-Sterilization Indicator and Sterilization Packaging Material					
Art Unit 1797			Examiner	Elizabeth L. McKane	
This is a request under application.	r the provisions of 37 CFR 1.136((a) to extend the peri	od for filing a repl	y in the above i	dentified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
One month (37 CFR 1.17(a)(1)) \$130			Small Entity I \$65	Fee \$	
X Two mor	nths (37 CFR 1.17(a)(2))	\$490	\$245	\$	490.00
Three months (37 CFR 1.17(a)(3))		\$1110	\$555	\$	
Four months (37 CFR 1.17(a)(4))		\$1730	\$865	\$	
Five months (37 CFR 1.17(a)(5)) \$2350		\$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
x Payment by credit card.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to					
Deposit Account Number13-2855 WARNING: Information on this form may become public. Credit card information should not be included on this form.					
Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
x attorney or agent of record. Registration Number			43,848	· }	
attorney or agent under 37 CFR 1.34.					
7					
muly 6 (w)			August 17, 2009		
Signature			Date		
Sandip H. Patel			(312) 474-6300		
Typed or printed name			Telephone Number		
NOTE: Signatures of all than one signature is req	the inventors or assignees of record of the uired, see below.	entire interest or their repre	esentative(s) are require	ed. Submit multiple	forms if more
Total of	1 forms are subn	nitted.			